NOTES ON Mr. WILLIAM BROMFIELD's TWO VOLUMES OF CHIRURGICAL OBSERVATIONS AND CASES: WITH AN APPENDIX, ADDRESSED TO DOCTOR LAWRENCE.

WZ 270 B23 1783 4

Eſt enim benignum, (ut arbitror) et plenum ingenui pudoris, fateri, per quos profeceris——

Obnoxii profecto animi, et infelicis ingenii eſt, deprehendi in furto malle, quam mutuum reddere——

Plin. Hiſt. Nat. Lib. 1.

MUSEUM BRITANNICUM

By D. A. S. ——, M. D.
And PROFESSOR of SURGERY.

LONDON:
Printed for T. LONGMAN in Pater-noſter Row,
M DCC LXXIII.
[Price one Shilling.]

MVSEVM
BRITAN
NICVM

ADVERTISEMENT to the Reader.

THE materials for the following notes were collected in the beginning of last month; but were laid aside, on reading a letter to Mr. William Bromfield advertised in the public prints. The author was in hopes of seeing his design executed by some more skilful hand, and waited some weeks with equal curiosity and impatience. But getting no further intelligence of that production, he is of opinion, that in a case of so great emergency, longer delay might be attended with dangerous consequences: and, if what he now offers to the public, should not prove an effectual remedy, it may at least be of use in affording a temporary relief, till some abler assistance shall arrive.

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IF the two volumes of chirurgical obſervations and caſes recently publiſhed under the name of Mr. William Bromfeild had been no otherwiſe liable to objection, than as they had diſappointed the hopes of all the intelligent part of the faculty, and perhaps thoſe of an honeſt credulous publiſher, who vainly believed the name in the title page to be a 'Tower of ſtrength,' the author of the following notes would not have interrupted his own repoſe, or miſled the attention of the public by any animadverſions on ſo inſignificant a performance. He could have viewed without ſpleen the childiſh pomp and parade with which it was uſhered into the world, and yawned over

the futility of near 700 pages without feeling the leaſt indignation.

But, when he found it not only big with error, but impoſition, as unjuſt in its pretenſions, as groundleſs in its arguments, he heſitated no longer to commit to paper ſuch notes as occurred to him on peruſing the work; and can with the ſtricteſt truth aſſert, that if what is here preſented to the public ſhall prove in any degree an antidote to the poiſon infuſed, he ſhall never regret the pains he has taken to read through theſe two unparalleled volumes of chirurgical obſervations and caſes. The juſtice due to the public, to the profeſſion of which he ſtill continues to be a member, to the reputation of ſeveral individuals, as well dead as living, and (what is of ſome conſequence) to the author of the OBSERVATIONS himſelf, demands this tribute; and though the nature of it will not in all inſtances admit of that courtly kind of civility, to which that gentleman has for ſome years wiſhed to be accuſtomed, yet, we may reſt aſſured, that

to a man ſo free from prejudices as he is, it cannot but be perfectly agreeable. I think myſelf entirely juſtified in this aſſertion by the following paragraph, introduced as early as the eighth page of his firſt volume.

"Bigots there are in every profeſſion, and "many in ſurgery, who from habit, preju- "dice, and falſe reaſoning, cannot fall in "with any propoſal which does not exactly "coincide with their notions of things, "particularly when offered by a younger "brother; and after a peremptory diſap- "probation declared by thoſe of the firſt "rank in this profeſſion, few ſurgeons, I "ſhould imagine, would be hardy enough "to riſque their reputations in making the "trial: but here again we muſt be on our "guard; for prejudice often becomes fixed "from reaſoning on falſe facts."

As a proof that he himſelf is not troubled with this kind of BIGOTRY he proceeds thus, page 9.

"In concuſſions of the brain, do we not, "from certain ſymptoms, often ſuſpect ei-

"ther obſtruction in the capillaries, or ex-
"travaſations of ſome of the circulating
"fluids? And, in order to prevent miſchief,
"is it not the warranted practice to bleed
"and evacuate USQUE AD DELIQUIUM?
"And, is not this repeated, if the ſymptoms
"continue, till death convinces us, that
"this method will not always ſucceed?
"This practice is founded on our fixed idea
"of inflammation, viz. that it is owing to
"obſtructions in the veſſels from various
"cauſes, and kept up by a plethora; there-
"fore emptying the veſſels, by every poſſi-
"ble means, is ſuppoſed to be the only ra-
"tional method of cure."

This is the whole of the paragraph, and I hope I ſhall be excuſed for inſerting it at length, as the reader would not otherwiſe have ſeen ſo clearly, how far the OBSERVER differs from thoſe PREJUDICED gentlemen of the profeſſion, who SUSPECT, that in concuſſions of the brain there are extravaſations of ſome of the circulating fluids,

fluids, which may be relieved by repeated bleeding.

For my own part I muſt confeſs myſelf one of this number, and that I have always thought there could not be a more probable or more frequent effect of a ſhock received on any part, than the rupture of one or more of its veſſels. The immediate conſequence of ſuch a rupture muſt be the extravaſation of the fluid contained. This is confirmed by the experience of every ſurgeon, almoſt of every pupil, who muſt often have ſeen extravaſated fluids lodged either under the Cranium, or under the Dura mater, after concuſſions of the brain, and which have been diſcharged by perforating the bone. A pupil indeed muſt be owned 'a younger brother' of the profeſſion, but that we have already ſeen is no objection with our OBSERVER, and therefore I may be permitted to lay ſome ſtreſs upon his experience.

After controverting the eſtabliſhed opinion in theſe caſes, our OBSERVER proceeds to call in queſtion what he ſtiles,

" the

"the warranted practice of bleeding and "evacuating uſque ad deliquium."

That it is the common practice to bleed USQUE AD DELIQUIUM, I grant: but what can be meant in this inſtance by evacuating USQUE AD DELIQUIUM? If it is meant that the practice is to purge as well as bleed the patient USQUE AD DELIQUIUM, ſuch a method of practice I am ſure never came within my knowledge, nor do I believe within that of any other ſurgeon living. Violent purging is univerſally exploded in all caſes where inflammation is ſuſpected; and the only intention of any other evacuation beſides bleeding, in injuries of the brain, is to keep the body moderately open and cool. If on the contrary, by BLEEDING AND EVACUATING we are to underſtand the ſame thing, a repetition ſo likely to miſlead in a point of ſo great importance is utterly inexcuſable.

Nor is it true that "this practice is founded "on our fixed idea of inflammation, viz. "that

" that it is owing to obſtructions in the veſſels, &c." Extravaſation is the immediate conſequence of the injury, before any inflammation can poſſibly have taken place. The intention therefore of bleeding, eſpecially at firſt, cannot be to remove inflammation, not yet exiſting, but, to empty the whole ſyſtem, that the abſorbent veſſels, or thoſe which are ruptured, may more readily be diſpoſed to take up the fluids ſuppoſed to be extravaſated. A practice founded on ſuch rational intentions, and ſo notoriouſly ſucceſsful in many caſes, ſhould not be lightly diſcarded.

The adminiſtration of opium and ſudorifics to raiſe a diaphoreſis, in concuſſions of the brain, is after this recommended, as preferable to the uſual method of evacuation by repeated bleeding. This is a practice the utility of which ſhould be thoroughly canvaſſed. Four caſes only are adduced in ſupport of it.

The firſt proves nothing, for the patient died; and the OBSERVER himſelf concludes

(p. 17) "that the brain had ſuffered ſo much from the violence of the blow, that, let what method ſoever have been followed, the event would have been the ſame."

In the ſecond caſe, the patient, with the uſe of the ſudorific opiate, had been bled twice in eight days: beſides, he had bled at the noſe, and "having received two large "wounds by the fall," muſt probably have loſt no ſmall quantity of blood from them.

In the third caſe, the man had been bled before he came to the hoſpital, and muſt alſo have loſt ſome blood FROM A LARGE WOUND HE HAD RECEIVED IN THE FOREPART OF HIS HEAD. This patient was free from all bad ſymptoms in ſix days after the accident.

The fourth caſe is a fracture about an inch long on the upper part of the occipital bone, occaſioned by the perſon falling backwards. Here is nothing ſaid of the patient having loſt any blood, except what muſt neceſſarily have flowed from the inciſion made on the tumefied part, by which the

fracture

fracture was discovered. This patient had not the least bad symptom after the second day.

Thus is this very important point rested upon the authority of four cases. In the first the patient died. In the second and third the evacuations by bleeding were so considerable, that, it becomes a matter of great doubt, whether they had not a principal share in the recovery of the patient.

In the last case, though we are told it was a fracture, yet the injury done to the brain must have been trifling indeed, since the boy had no bad symptom remaining after the second day from the accident. This sudden recovery cannot surely be ascribed to the miraculous powers of one scruple of DOVAR'S POWDER, and of forty drops at most of the TINCTURA ANODYNA ANTIMONIALIS! This was all he could take at most by the third day, since it was prescribed only on the second, in the dose of ten drops every six hours.

The quickneſs of this cure muſt therefore in a great meaſure be aſcribed to the ſmall degree of injury the brain had received, and it might probably be expedited by the blood flowing from the inciſion made to diſcover the fracture. This is the more likely, as it has been obſerved, that the emptying of the veſſels of the part affected or near it, is frequently the moſt efficacious mode of bleeding in theſe caſes.

But this is nothing more than my private opinion: our OBSERVER's opinion concerning them is given in p. 22 and 23, in theſe words: "I ſhall make no other remark on "the facts than this, that had the caſes of "concuſſion, which were in the hoſpital, "been fractures of the ſkull, and the uſual "openings been made with the trephine, "the greater part I firmly believe, would "have died."

That is to ſay in plain language, had theſe caſes been what they were not, they would not have been what they were. But to be a little more ſerious, If it is meant by this cu-

rious

rious obſervation, that the trephine is improperly uſed in fractures of the cranium; Is Dovar's powder, I would aſk, and the TINCTURA ANDOYNA ANTIMONIALIS, to ſuperſede the operation of the trepan, as well as that of bleeding in theſe caſes? Have not many lives been ſaved by that operation? Have not many been loſt by the omiſſion of it, or the want of uſing it freely? This inſinuation againſt the uſe of the trephine is of the moſt injurious tendency. Should it by chance induce ſome timid man, already perhaps too cautious, to neglect the operation in ſome inſtance where life may depend upon it, what will our OBSERVER alledge in his defence? Will he------But I had forgot---Mr. Pott has written in favor of the operation.

The ſecond chapter of this performance profeſſes to treat of amputation; but we ſhall find ourſelves much diſappointed, if we expect it ſhould ſtick to what it profeſſes. There are indeed a few pages at the begin-

hing which ſay ſomething ABOUT the ſubject, but the reſt of the chapter, which in the whole comprehends near fifty pages, is employed in other amuſements. Among theſe ingenious digreſſions we find the following on the pulſe, in pag. 58.

"The pulſe muſt not be felt with one or "two fingers on the carpal artery, for by e-"qual preſſure on the veſſel we may be de-"ceived; but, if three or four fingers, co-"ver a conſiderable length of artery, and we "preſs hard for a time on it, and then ſud-"denly raiſe all the fingers but that neareſt "the patient's hand, the influx of blood, if "there be a plethora, will be ſo rapid, as "to raiſe the other finger, and make us ſen-"ſible of the fulneſs." The very method here propoſed to diſtinguiſh whether there is a natural plethora exiſting, will to the touch produce a temporary and artificial one. If we preſs hard on any artery throughout a conſiderable length of the tube, the courſe of the blood in that part will neceſſarily be obſtructed. And, if the preſſure is SUD-

DENLY

DENLY removed, the blood, which has been accumulated by the obſtruction, will from thence acquire a proportionate increaſe of velocity; ſo that the influx will be rapid, and will make us SENSIBLE OF A FULNESS, whether there was a previous plethora, or not. The impropriety therefore of this direction for feeling the pulſe muſt be evident.

In pages 63 and 64 we find the following paſſage. "To illuſtrate how compreſſion on the veſſels, cauſing obſtruction, "may produce inflammation, we muſt re- "collect, that the intercoſtal veins, on the "right ſide, empty themſelves immedi- "ately into the vena azygos, while thoſe "on the left, in their courſe to that vein, "paſs under the aorta. If then a fever "is brought on, from cold being taken, or "a ſudden chill given to the body, when "the blood has been violently heated by ex- "ercife, whether by drinking cold water "at that time, or plunging into a river, "or being expoſed to a cold wind, when

"the

"the pores are open, a pleuritis may en-
"ſue; for the ſkin not doing its uſual office,
"the materia perſpirabilis remains in the
"blood, the veſſels become over-charged,
"the natural heat of the blood is greatly
"increaſed, viſcidity enſues, and obſtruction
"is begun; and, for the generality, the
"left ſide is more frequently affected than
"the right in pleuriſies, for the above rea-
"ſons."

To underſtand this paſſage I have been obliged to ſeparate it into its different parts. The firſt tells us, what it is neceſſary for us to recollect, that we may know how inflammation ariſes; the ſecond, points out the proceſs of inflammation: and the third aſſigns a reaſon why pleuriſies chiefly affect the left ſide. This diviſion may perhaps ſave the reader ſome trouble, though I do not think it will help him to find out the neceſſity of recollecting the courſe of the intercoſtal veins on the left ſide, in order to acquire an idea of the cauſes of inflammation; nor am I more convinced by it of the truth of the

inference

inference drawn, that this same course of these intercostal veins, by making them more liable to obstruction, is the reason why the pleuritis most commonly affects the left side. The OBSERVER is totally mistaken here, for whenever compression on the vessels does produce inflammation, this effect must be brought about by pressure on the capillary vessels alone. Pressure in any degree or obstruction in the larger arteries is the cause of languid circulation, atrophy of the limb, mortification &c. This is clearly evinced from the well known effects of aneurisms in the larger arteries. On the other hand, pressure on the larger veins, or an obstruction being made to the returning blood, produces œdematous swellings. This is demonstrated from the swelled legs of gravid women, and other instances. Pressure therefore on the intercostal veins by the increased distention of the aorta from impetuous circulation, if even it can be supposed to produce any sensible inconvenience, would induce

symp-

ſymptoms very contrary to thoſe which are aſcribed to it.

It has already been obſerved, that the ſecond chapter, beginning at pag. 38 of the firſt volume, profeſſes to treat on amputation. The ſubject however is ſoon quitted, and a ſtring of digreſſions on various points introduced. Theſe are continued through the remainder of the ſecond, the whole of the third, fourth, and part of the fifth chapter, an extent of more than one hundred pages. The OBSERVER then happily recollecting the ſubject he had entered upon in the ſecond chapter, reſumes it in page 143 in the fifth chapter, which profeſſes to treat of the Anthrax.

The method of leaving out the nerve in the ligature of the arteries after amputation, mentioned in page 161, &c. of this chapter, falls very ſhort of the advantages aſcribed to it. It ſeems to have no effect on the cure. I have ſeen ſpaſms of the ſtump as frequent and ſtrong in caſes where the nerve has been left

left out, as where it had been included in the ligature with the artery. Spaſms are a ſymptom undoubtedly owen to other circumſtances. The only advantage of this practice ſeems to be ſaving the patient ſome degree of pain. This is certainly a very ſufficient and commendable reaſon for recommending any practice; whenever it can be followed without great inconvenience of ſome other kind. But, I have ſeen patients detained full half an hour longer than they ought to have been, by the difficulty of ſeparating, and tying the artery without the needle. This is a ſerious conſideration to a man who has already been ſome time in pain, and earneſtly wiſhes to be put to bed as ſoon as poſſible. I have alſo ſeen many caſes where, after a variety of attempts, it was utterly impoſſible for the ſurgeon to effect this, in every artery he was obliged to tie. The inſtance adduced of a ligature on the ſpermatic chord proving ſo very painful for a long time after the operation, that the patient could not bear it, is not analogous.

The great pain in this caſe may have ariſen from including the vas deferens. The firm compact texture of this veſſel muſt neceſſarily make all preſſure upon it very painful. But when the nerve is tied with the artery, the only pain produced is at the inſtant of drawing the thread. It ſubſides preſently, and is never complained of afterwards. In caſtration there is but one artery to be ſecured, and the facility of tying it without the nerve or the vas deferens ought, always to induce us, to ſpare our patient the pain in this inſtance.

In the ſixth chapter which is intitled ON THE REDUCTION OF THE OS BRACHII, WHEN DISLOCATED, the circumſtance of puſhing the ſcapula backwards, by way of counter-extenſion, leſt it ſhould yield to the extenſion of the arm, is mentioned, as a practice, firſt recommended in theſe volumes. This is the more ſurprizing, as the paſſage here quoted from Ambroſe Paré expreſsly mentions this counter-extenſion, and for the very ſame reaſon, NE SCAPULA SEQUATUR.

QUATUR. Yet ſo deſirous is the OBSERVER of maintaining the claim he uſurps to the introduction of this practice, that in his note (p. 283) he endeavours to ſet aſide this plain authority. His words are "Now, by this one would imagine, "that he meant to make the counter-"extenſion by keeping the ſcapula back." If a man may be allowed to mean what he poſitively ſays, it will certainly be difficult to underſtand this paſſage in any other ſenſe. Difficult however as it is, the OBSERVER is determined to attempt it. For this purpoſe a paſſage is introduced from a preceding chapter of Ambroſe Paré, in which he adviſes that an aſſiſtant ſhould preſs the ſcapula downwards; SUMMAM OMOPLATAM DEORSUM DEPRIMET. From hence the OBSERVER judiciouſly concludes, "it is plain, he certainly meant to preſs the "ſcapula downwards." I agree with this concluſion; but if he means to draw another from it, viz. that becauſe Paré recommends puſhing the ſcapula downwards

in one inſtance, it is therefore impoſſible he ſhould have directed the puſhing of it backwards in another; I muſt beg to be excuſed giving my aſſent to ſuch a propoſition. For, beſides that the author in the two paſſages referred to, is treating of different luxations, it is to be obſerved, that the depreſſion and retroaction of the ſcapula are very conſiſtent with each other; more ſo than preſſing the ſcapula "forward and downward," which our OBSERVER ſpeaks of in page 281. Direct preſſure upon the ſcapula, does aſſiſt the intention of puſhing it back: when the ſcapula is depreſſed, the lower angle will in ſome degree be thrown backwards.

But to return to the quotations. I do not entertain the leaſt doubt, that our OBSERVER, however confined he looks upon the reading of other profeſſors of ſurgery to be, knows that the works of honeſt Ambroſe Paré were written in his mother tongue; and that the latin edition is no more than a tranſlation of him by Guillemeau,

lemeau. It ſeems ſtrange that our OBSERVER ſhould chuſe to quote the tranſlation, rather than the original; and it will ſeem more ſo when it is found, that at firſt ſight, a ſight he has ſhewn himſelf pretty apt to truſt to, the original has the appearance of being more favorable to his argument than the tranſlation *. For, in the French there are no words introduced, anſwering to theſe, NE SCAPULA SEQUATUR, which are added by Guillemeau. The paſſage in French is, "Mais premiérement "que ce faire, il faut mettre un lien propre pour tenir la jointure fermement, "(comme celui qui eſt appellé de Galien, "dans ſon livre des articles, Carcheſien) et "remplir la cavité de l'aiſſelle, d'un peloton

* That the reader may not be at a loſs in referring to the quotations, it is neceſſary to mention, that what is called the fifteenth book in the Latin, is the ſixteenth in the original; for, the introduction, in French, is ſtiled the firſt book. The diviſion of the chapters alſo in the book on luxations is different after the twenty-third, ſo that the twenty-eighth chapter in Latin anſwers to the twenty-ſeventh in French.

" ton de fil, ou autre choſe ſemblable, et " tirer le bras par deſſus le coude."*

But though Paré does not himſelf expreſsly ſay, that his reaſon for having the JOINT KEPT FIRM, was to prevent the ſcapula from yielding to the extenſion of the arm; yet he could not poſſibly direct it for any other purpoſe. If SECURING THE PATIENT FROM MOVING WAS ALL HE INTENDED, as the OBSERVER endeavours to prove (Note p. 184) from a third paſſage; that might as well have been done by the aſſiſtant holding the patient, without any regard to KEEPING THE JOINT FIRM. Therefore Guillemeau's explanatory addition NE SCAPULA SEQUATUR, though not improper, appears to have been unneceſſary, as the ſenſe was ſufficiently clear without it. The other paſſage by which the OBSERVER attempts to ſhew that Paré intended only to ſecure the patient from moving, is rather the reverſe of the former; for the original here is more explicit

* Ambroiſe Paré Liv. 16. Chap. xxvii.

cit than the tranſlation, and would perhaps have put the matter beyond doubt even to the OBSERVER himſelf. The paſſages ſhall be quoted in both languages that they may be compared.

"Quod ſi inveterata ſit luxatio, et "manus non ſatisfaciant, ægri humerum "ad palum vinculo ante deſcripto alligan- "dum, vel miniſtro a tergo ſtanti, ut "fideliter contineatur, mandandum."*

Our OBSERVER's method, I preſume, of explaining this paſſage, is founded on a ſuppoſition, that the nominative caſe belonging to the verb CONTINEATUR is ÆGER, and thus he refers to the patient what is ſaid of the ſhoulder. The original clears this point beyond a poſſibility of diſpute. The words are; "Et ſi par ce mo- "yen la main n'eſt ſuffiſante, tu attach- "eras l'épaule du malade par le lien qu'- "avons cy deſſus figuré, contre un pilier, ou "ſera tenu par derriere par un homme "fort." †

Here

* Lib. 15. cap. xxii. † Livre 16. Chap. xxii.

Here the words, SERA TENU, cannot be referred to any other than, EPAULE, ſhoulder, and afford the cleareſt proof imaginable of the point in queſtion.

But we need not go ſo far back as Ambroſe Paré, to ſhew that the OBSERVER is not the firſt by whom this practice has been adviſed. Mr. Petit, in his moſt excellent treatiſe on the diſeaſes of the bones, is ſo very explicit on this head, that, in order to account for the OBSERVER's having plumed himſelf upon this imaginary diſcovery, I am reduced to a very diſagreeable dilemma, of ſuppoſing either that he has not read the book himſelf, or at leaſt imagines it has not been read by any of his brethren. I muſt however do him the juſtice to ſay, I am much more inclined to the latter ſuppoſition, for which I ſhall give my reaſons hereafter. The paſſage from Petit, is as follows.

"I cannot here avoid taking notice of a "defect common to all the methods before "mentioned, in which there is no precau-

"tion

" tion taken to fix the ſcapula and the cla-
" vicle. It is thought ſufficient to fix the
" body, or to puſh it back; ſo that when
" the arm is extended, the ſhoulder follows,
" and the extenſion is partly ineffectual. It
" is evident indeed, in order to keep the
" luxated bones at a proper diſtance, and to
" place the head of the bone to be reduced
" on a level with the ſocket from which it
" has been thrown out, that the exten-
" ſions and counter-extenſions ſhould be
" made on the diſlocated bones themſelves,
" and not on the adjacent bones, as we have
" more than once obſerved before. It is
" certain at leaſt, whenever the bone has
" been reduced without taking care to fix
" the ſhoulder, that the extenſions have
" always been made at the expence of the
" trapezius, pectoralis minor, and rhom-
" boides muſcles, the force of which has,
" in theſe inſtances, been ſufficient to keep
" the ſcapula back. They have not always
" the ſame power; conſequently we muſt

" not truſt to it, and the experiment is " dangerous."*

Is it not ſurprizing that an eminent ſurgeon ſhould venture to claim the merit of an obſervation ſo clearly, ſo explicitly laid down

*, Je ne puis m'empêcher de relever ici undéfaut qu'ont toutes les methodes raportées ci-deſſus, et dans lesquelles on ne prend aucune précaution pour retenir l'omoplate et la clavicule. On ſe contente de retenir ou de repouſſer le corps ; ce qui fait que l'épaule ſuit le bras quand on le tire, et que l'extenſion eſt en partie infructueuſe : en effet, pour éloigner ſuffiſamment les os luxés, et pour remettre la tête que l'on veut replacer, au niveau de la cavité de laquelle elle eſt ſortie, il eſt évident, comme on l'a déja dit plus d'une fois, qu'il faut que les extenſions et contre-extenſions ſe faſſent ſur les os mêmes luxés, et non ſur les os voiſins. Il eſt certain du moins, que toutes les fois qu'on a réuſſi à réduire le bras, ſans prendre la précaution de retenir l'épaule, les extenſions ont été faites aux dépens des muſcles trapeſe, petit pectoral et romboide qui ont eu alors la force de retenir l'omoplate ; force qu'ils n'ont point toujours, à laquelle par conſéquent on ne doit pas ſe fier, et qu'il eſt dangereux de mettre à l'épreuve. — Traité des maladies des os. Tom. 1. Chap. vii. p. 178, 179, de l'édition de 1751.

down in a modern writer ſo well known, and of ſo much credit as Petit? This will appear ſtill more aſtoniſhing, as there is reaſon to believe from the whole of our OBSERVER's account, that he himſelf has really borrowed the obſervation from the paſſage I have juſt quoted. In page 282, he ſays, "Sure nothing can be clearer than this, that "the bone with the cavity to receive, and "the head of bone to be received, muſt "be ſeparated ſufficiently before the reduc-"tion can be effected." This has much the appearance of a diſguiſed tranſlation of that part in the paſſage quoted from Petit, which ſays, "pour éloigner ſuffiſam-"ment les os luxés, et pour remettre la "tête au niveau de la cavité de laquelle elle "eſt ſortie, &c."

Hitherto we have found the OBSERVER publicly arrogating to himſelf diſcoveries, which, to uſe his own phraſe, were made long before he was born: we ſhall now find him, with the ſame partiality to his own merits, tacitly taking to himſelf

what does not belong to him; by giving a detail of HIS OWN practice in a particular caſe, without once mentioning the perſon, to whom he, and the whole faculty, are indebted for the knowledge of that practice.

The inſtance alluded to, is in page 10 of the ſecond volume. "Where the ſkull has "been laid bare, with a ſharp-cutting in-"ſtrument, &c. I have not waited for an ex-"foliation, but have punctured the cranium "in ſeveral places where the bone was denu-"dated, upon which the granulations have "ſprung up through the bone, and by "uniting with thoſe from the edge of the "wound, have covered it entirely, and healed "without exfoliation." Although this paſ-ſage is ſo ungrammatical, that it is difficult to conceive, even according to our OB-SERVER's ſyntax, whether the GRANU-LATIONS, the BONE, or the WOUND, HEALED WITHOUT EXFOLIATION; yet I preſume it is to be underſtood, that, it is the OBSERVER's practice to perforate the bone in order to prevent exfoliation. Now,

as there is a writer, and as far as I can recollect only one, who adviſes perforating the cranium for this purpoſe, one ſhould imagine any man who writes on the ſubject, would have conſidered himſelf as obliged to refer to him on this occaſion: more eſpecially, as the perforation of the cranium is recommended by other writers, with a contrary intention, viz. not to prevent, but haſten exfoliation. The author I have alluded to, is Belloſte, who in the twelfth chapter of his hoſpital ſurgeon expreſsly propoſes this practice. His words are; "If "the bone is laid bare, to a conſiderable ex- "tent, with loſs of ſubſtance, the wound, on "account of its ſize, will be a long time in "healing; ſo that whatever care may be "taken, it is very difficult to prevent the "bone from corrupting and becoming ca- "rious, either by the repetition of dreſſings, "or by the matter conſtantly lying upon it. "To avoid this inconvenience, it is neceſ- "ſary to pierce the cranium VERY EARLY, "AT THE FIRST DRESSINGS, in ſeveral "places,

" places, with the perforator of the trepan;
" by this method a way is made for the
" discharge of a medullary glutinous juice;
" which becoming firm, fills up the bone
" in a short time, and restores all it had lost
" by the perforation, and by the blow
" which occasioned the wound.*

We have seen with what facility the OBSERVER deprives dead men of their property, and transfers it either openly or clandestinely

* Si l'os est à nud dans une étenduë considérable, avec déperdition de substance, la playe par sa grandeur ne pouvant se réunir qu'à la longue, il est trés malaisé d'empêcher quelques précautions qu'on prenne, que l'os, ou par la réitération des pansemens, ou par l'écoulement et le sejour des matieres, ne s'altere et ne se carie. Pour éviter donc cet accident il faut de bonne heure, et dans les premiers appareils percer l'os en plusieurs endroits, avec le pyramide, ou perforatif du trépan. Par ce moyen on donne passage à un suc moelleux et colleux, qui en se figeant le rebouche en peu de tems, et lui restitue tout ce qu'il a perdu par cette opération, et par le coup qui a fait la playe.—Belloste Chirurgien d'Hopital, Chapitre 12. p. 62. Edition de 1707.

clandeſtinely to his own account. We ſhall now produce an inſtance, in which he endeavours to make them amends, by beſtowing on them the property he has purloined from the living.

RAPTI LARGITOR!

The policy is good; a dead man is not likely to inquire after his ſtolen goods. They may be depoſited with ſafety in one's own houſe. The living muſt be treated with more caution. They muſt be robbed too, but the ſpoils muſt not be immediately carried home, for fear of a diſcovery.

"Mr. Hewſon, ſays our OBSERVER, "ſhewed me a paper on the emphyſema "from a fractured rib, which he told me, "he intended to lay before the royal ſoci- "ety. After I had read it, I told him "that I had always explained the caſe in "my lectures, as above related, and had "pointed out the inciſion as the only me- "thod of relief. He told me he was ex- "tremely happy that thoſe were my ſen- "timents. "Though

"Though I ſhould have been ſorry to "have prevented Mr. Hewſon's making "himſelf known to the ſociety, by a remark "which he thought new, and which I "dare ſay is ſo to many others even at "this time, and conſequently may be of "ſervice to the public; yet, I cannot but "ſay, I am not a little ſurprized, as will "be every profeſſor of ſurgery who has "read at all, to find that two gentlemen, "eminent as teachers of anatomy, ſhould "enter into a paper war about a diſcovery "that was made long before they were "born. And, I own, though I always "taught the above method of relieving "patients labouring under ſuch circum-"ſtances, yet I never looked on it, either "as new, or meritorious in me to relate it, "as what I delivered was from reading of "Paré," &c.

Here our OBSERVER once more introduces his old friend Ambroſe Paré, whom he is ſo fond of quoting in the language he did not write, and which he is even ſaid

not

not to have underſtood. Paré indeed, though no ſcholar, was a man of very eminent abilities, and deſerves better treatment than he has met with in theſe volumes. In the firſt, we have ſeen, that he was not allowed to ſay, what he did poſitively aſſert; in this, it is reſolved, he ſhall poſitively aſſert what he never ſaid. The paſſage referred to ſtands thus.

"Quia hæc membranam coſtalem pun-
"git, inflammationem excitat, in empye-
"ma facile deſituram*."

Anxious as our OBSERVER appears, to take from Mr. Hewſon the honor of this diſcovery, I am ſurprized that one obvious expedient eſcaped his penetration. He had nothing to do but to ſuggeſt, that EMPYEMA is a falſe reading for EMPHYSEMA, and the buſineſs was done. For want of this convenient emendation, the

F OB-

* Pareillement, la fracture qui eſt au dehors, eſt trop plus aiſée à guarir, que celle du dedans, à cauſe qu'elle picque la pleure, excite inflammation, et ſouvent empyeme—Paré Livre xv. Chap. xi.

OBSERVER is reduced to the neceſſity of owning, that " in the ſame chapter, " though he, (Paré) does not mention the " emphyſema, yet he clearly ſets forth " the ſymptoms, that make an opening in- " to the cavity neceſſary, viz. the difficulty " of breathing, and ſpitting of blood."†

It is plain enough that Paré here particularizes ſymptoms which indicate the neceſſity of an inciſion being ſometimes made after a rib has been fractured. But for what purpoſe does he recommend this inciſion?

† Mais auſſi ſi nous ſommes contraints par une grande néceſſité, à cauſe que la membrane qui couvre les coſtes, et les nerfs qui accompagnent les veines et arteres, qui ſont ſous chacune coſte, ſont grandement preſſez et picquez, enſorte que le malade ſent une extréme douleur, et ne peut qu'avec bien grande peine reſpirer, et auſſi qu' il crache du ſang, et touſſe, et eſt fébricitant: Alors, pour obvier à la mort, il faut faire inciſion, et découvrir une portion de la coſte fracturée; puis avec un crochet eſlever les eſclats de l'os qui picquent, et les faire ſortir dehors en les coupant, ou autrement.—Paré lieu ci-devant cité.

ſion? Not to get rid of an emphyſema, for neither the ſymptom itſelf, nor even a puncture of the lungs by the points of the fractured rib, which in this inſtance, is the cauſe of that ſymptom, are mentioned by him. His intention in adviſing an inciſion on the fractured part of the rib, is, to extract the fragments, which might irritate the pleura, as appears by the paſſage quoted above. Such an operation, ſuppoſing the pleura not perforated by the bone (for this perforation is not ſpecified by Paré,) only pricked or irritated, might be performed without opening the cavity. But let it be admitted for an inſtant, that Paré had really adviſed an opening into the cheſt in this caſe of a fractured rib; we ſhall find this practice recommended by other writers; even by Heiſter himſelf, which is ſtill more to our preſent purpoſe; "for from "what Heiſter has ſaid on the emphyſema, "our OBSERVER is clear he did not "know the cauſe of it." See p. 97, Vol. 2.

The following is the paſſage from Heiſter.*

" If the parts are wounded, it occaſions a " very profuſe hæmorrhage very difficult to " ſtop; and if the blood ſhould run into the " thorax, it can ſcarce be diſcharged from " thence, but by the paracenteſis," &c. &c.

And a little after, Heiſter ſays, " If any " ſharp pieces of the ribs ſhould pierce the " pleura, it will occaſion moſt violent pains, " and difficulty of breathing, cough, ſpit- " ting of blood, inflammation, fever," &c. &c. therefore " it will be proper to open " the ſkin, and extract the fragments " which ſtick in the fleſh," &c. †

The next author mentioned to prove that the paracenteſis of the thorax, for the em-

phyſema

* Si vulnus adeſt, ingens ſubinde ſanguinis profuſio oritur, difficillime compeſcenda; et ſi ſanguis in pectus effunditur, vix niſi apertura, quam Paracenteſim vocant, educi poteſt.—Heiſter. Inſtit. Chirurg. Par. I. Lib. II. Cap. 17. p. 138.

† Quod ſi fragmenta quædam acuta pleuram PERRUPERUNT, graviſſimoſque dolores, ſpirandi difficultatem, tuſſim, ſanguinis per os profuſionem, febres, ma-

laque

phyſema after a fractured rib, was not firſt propoſed by Mr. Hewſon, is Van Swieten. The paſſage is not quoted, but the reader is referred to it. I have carefully and repeatedly examined this aphoriſm of Boerhaave, and the Baron's commentaries upon it, and ſo far am I from finding the perforation of the thorax propoſed in the inſtance alledged, that I proteſt, I cannot even find that operation mentioned, for any purpoſe whatever, throughout the whole of that ſection.

The aphoriſm treats of the ſigns by which we may diſtinguiſh when a wound has penetrated the cavity of the cheſt. Among theſe diagnoſtics the emphyſema is reckoned, and two caſes are referred to from the Academy of Sciences at Paris, the firſt, of a mortal emphyſema from a wound penetrating the thorax, and injuring the lungs; the

laque id genus alia concitarunt, cutis protinus contra incidi, ipſaque fragmenta in carne hæreſcentia, a digitis, volſella, hamulis vel quavis demum alia ratione extrahi debent.—Heiſter. Inſtit. Chirurg. Par. I. Lib. II. Cap. 17.

the ſecond, of an emphyſema equally fatal, from fractured ribs without any external wound.

In the commentary upon that part of the aphoriſm which mentions the emphyſema, the only part that has any thing to do with our ſubject, Van Swieten, after explaining in what manner air is inſinuated into the cellular membrane from wounds penetrating the thorax, or injuring the lungs, proceeds to give an account of a remarkable caſe from Ambroſe Paré. This was a wound of the trachea from which the air inſinuated itſelf into the cellular membrane all over the body, and the face became ſo ſwoln, that there were hardly any veſtiges left of the noſe and eyes. The patient being given over, this moſt excellent ſurgeon ſaved him from the jaws of death, by making deep ſcarifications in ſeveral places, and opening a way for the diſcharge of the air. The commentator then proceeds to give a detail of the caſes referred to in the aphoriſm, and mentions the appearances after the death of the patient in the laſt caſe. Here one might

reaſonably

reaſonably expect the paracenteſis of the thorax to be propoſed, if the Baron had thought of it. But there is certainly no mention of this circumſtance, unleſs we are to conſider in that light, theſe words, APERTO VERO THORACE, the thorax being opened, that is, after death. The commentary concludes with obſerving, 'it is evident from what has been ſaid, that an emphyſema will frequently happen from wounds penetrating the thorax,' &c. I ſhall ſubjoin the whole of the aphoriſm, together with that part of the commentary which expatiates on the emphyſema, that the public and the OBSERVER may judge how fairly this matter has been ſtated.*

It

* In cava pectoris adire ſcimus (SCILICET VULNUS) 1. Conſiderata cauſa cum amplitudine vulneris. 2. Spiculo corpori, in ſitum vulnerandi repoſito, applicato. 3. Aeris in pulmonem inſpiratu forti, dum clauſum vulnus, mox naribus et ore clauſis nixu exſpirantis edito, tumque detecto ſubito vulnere, exſpiratione, et ſæpe ſono ejus agitati in cavo pectoris. 4. Injectione.

5. Emphy-

It appears then, that neither Paré, nor the more enlightened author of the commentaries, have recommended the perforation

5. Emphyſemate. Quando aër thoracis cavo contentus; pertuſi pulmonis actione aſſidue auctus; calefactus; rareſcens; preſſus inſpiratu; exire impeditus libere ex vulnere; in labiis vulneris actus per membranam celluloſam; auctus, facit, ut ſæpe totus homo, hinc inde ad 11. pollices tumore pellucido, levi tumeat; ſolis plantis pedum, manuumque volis exceptis. Acad. reg. ſcient. 1713, Hiſt. p 15, 18. Item, 4. 14. & 119, 120, ubi emphyſema lethale a coſtis fractis illæſa cute.

6. Cruoris ſpumoſi exitu.—Boerhavii Aphoriſmus 300. Vol. 1. Commentariorum—p. 496.

Commentarium

5. In §. 244. de mirabili hoc ſymptomate, (SCILICET EMPHYSEMATE) dictum fuit, quatenus vulnera capitis aliquando ſequatur. Longe tamen, frequentius pectoris vulnera, in cavum penetrantia, hoc malum ſequitur, et tunc brevi ſatis temporis ſpatio per totum corpus mirus talis tumor diſpergi poterit. Dum enim per vulnera ingreſſus fuit aer in thoracis cava, et orificium externum per emplaſtra tenacia, vel pinguedinem, clauſum eſt, calore loci rarefactus aer viam ſæpe ſibi facit per panniculum adipoſum. Imprimis autem maximi tales tumores oriuntur, ſi pulmonis vaſa aerea, per vulnus læſa, inſpiratum aerem in pectoris cava depoſuerunt; tunc enim

tion of the thorax to discharge air contained in the cavity; and therefore, if the OBSERVER, when delivering his sentiments on

enim omni momento augetur malum. Mirabilem casum habet Paræus, qui huc referri potest, quem jam memoravi in commentariis §. 249. Ubi constitit, aspera arteria læsa in collo, aerem per vulnus hujus elapsum, se insinuasse in panniculum adiposum, et miro modo sic intumuisse faciem, ut nasus et oculi penitus disparerent quasi. Cumque vulneratus jam pro derelicto haberetur, peritissimus chirurgus profundis scarificationibus hinc inde factis, ingresso panniculum adiposum aeri viam fecit, et ex ipsis orci faucibus vulneratum eripuit. Mirabile emphysema, post vulnus thoracis penetrans, et pulmonis substantiam lædens, habetur IN ACTIS PARISINIS. Homini triginta annorum, sanguineæ temperiei, et valde carnosi habitus, infligebatur vulnus in pectoris cavum penetrans, a quo quinta die periit. Ante mortem totum corpus miro tumebat emphysemate, exceptis plantis pedum et volis manuum, et capitis vertice. In pectore tumor ille undecim pollices crassus erat, in ventre novem, in collo sex, in reliqua autem corporis superficie, quatuor pollices æquabat. Oculi in cadavere pro parte extra orbitas eminebant, aeris magna copia distenti in tunica cellulosa. Rarissimus alter casus observatus fuit, ubi integra cute costis fractis

on this point, only TAUGHT what he had gathered FROM READING OF PARE'; as he himself tells us, it is impossible he should have

emphysema lethale ortum fuit. Homini sexaginta annorum, carpenti rotis super pectus transeuntibus, quarta et quinta costa vera lateris sinistri, in medio fracta erant: paulo post in loco affecto tumor notabilis apparuit ab aere ingresso panniculum adiposum; qui quotidie una cum difficultate respirationis increscebat, donec quarta die post hoc infortunium moriretur homo. In cadavere patuit, emphysema totam corporis superficiem occupasse, exceptis plantis pedum et manuum volis. Discissa cute et reliquis integumentis, quæ incumbebant costis fractis, in musculis intercostalibus parva et vix perceptibilis apertura inventa fuit, sine ulla ecchymosi; APERTO VERO THORACE, membranæ externæ pulmonem investientis exigua particula, lacerata apparebat, quæ partim adhuc coherebat pulmoni, partim affixa erat costæ fractæ, nihil autem sanguinis extravasati in pectoris cavo inveniebatur.

Ex quibus omnibus satis patet, emphysema pectoris vulnera sæpissime sequi; imprimis si vulnus aerem quidem admiseret in pectoris cavum, sed interim quacunque de causa impediatur liber exitus aeris ingressi ex vulneris orificio. Omnium autem maximos tales tumores fieri docent hæc observata, si simul pulmo læsus aerem inspiratum

have taught that practice. The following paragraph, page 97, ſeems intended to evade this obſervation. "Difficulty of breathing, "with ſpitting of blood, conſequent to a "fracture of the ribs, Paré tells us, re- "quire an inciſion to be made into the ca- "vity of the thorax, the additional ſymp- "tom of emphyſema confirming the lungs "being wounded, certainly cannot render "the opening leſs neceſſary."

Waving the conſideration of what has been already ſhewn: that Paré's advice in this caſe, extends no farther than an inciſion through the ſkin, to extract the looſe fragments of the rib, not to perforate the cavity, I ſhall prove, that even in the OB-

ratum in pectoris cavum dimiſerit; præcipue ſi ſimul non adſit magna hæmorrhagia; tunc enim ſanguis in cavum thoracis delapſus illudque replens, impedit, ne tanta copia aeris in pectoris cavo accumuletur, quæ toti corpori inflando ſufficeret. Simulque apparet evidens ratio, quare, ſi vulnus thoracis ſubito ſequatur tale emphyſema, merito concludatur, illud penetraſſe in pectoris cavum.—Van Swieten Comment. in Herm. Boerhaav. Aphoriſm. p 497, 498.

SERVER's acceptation of his meaning, the concluſion is not fair. For, the queſtion is not, whether the operation is as neceſſary in collections of air, as it has been ſaid to be in extravaſations of blood, or accumulations of any other fluid in the cavity; but, whether any perſon before Mr. Hewſon ever recommended the operation in this inſtance, as many have done in all the other inſtances alledged. The ſame operation may be equally uſeful in ſeveral inſtances; but, it does not therefore follow, that a man has thought of applying it to every poſſible caſe.

It would be inexcuſable in us, to conclude this ſubject, without taking notice of the kind condeſcenſion, with which, our OBSERVER has extended his protection to Mr. Hewſon upon this occaſion. In the paſſage above quoted he ſays, "Though I "ſhould have been ſorry to have prevented "Mr. Hewſon's making himſelf known to "the ſociety by a remark which he thought "new, &c. yet I am not a little ſurprized, "as will be every profeſſor of ſurgery who

"has

" has read at all, to find that two gentle-
" men, eminent as teachers of anatomy,
" ſhould enter into a paper war, about a diſ-
" covery that was made long before they
" were born."

Mr. Hewſon is certainly greatly obliged to the OBSERVER, for the diſtinguiſhed mark of diſintereſted friendſhip here ſhewn him. Such a method of making himſelf known to the Royal Society, muſt infallibly redound much to his honour and credit. It is ſurely an uncommon ſtrain of delicacy to abſtain from acquainting a friend that he is miſtaken in a favorite idea, for fear of ſhocking him, or prejudicing him in his purſuit of fame; and a ſhort time afterwards, to tell him in print, that if he had ever looked into a book, (I beg pardon, I ſhould uſe the right phraſe) IF HE HAD READ AT ALL, he never could have entertained ſo abſurd an imagination. The council of the Royal Society muſt alſo be infinitely obliged to this gentleman, for ſuppoſing that they would publiſh as a new diſcovery, what had

been

been advanced so LONG AGO, and by such well known writers, as PARE and VAN SWIETEN.

But, "what they have said on the sub-"ject," says our OBSERVER with his usual modesty, (p. 98.) "may not be known "to every professor of surgery." He then proceeds thus; "Consequently, those who "were not before acquainted with this me-"thod of relieving under such dangerous "circumstances, will be sensible of the ob-"ligation they, as well as their patients, are "under to those who have pointed out the "way; for, in fact, my sentiments on the "subject were not so public as I intended "them; but, as I was prevented from pub-"lishing these papers till now, I cannot "blame either of those gentlemen (even had "they known the thought to be mine) FROM "having made an earlier publication, if they "sympathized with me in their wishes; for "which reason, I hope, I have not let any "thing drop from my pen that can appear "malevolent or reproachful."

I am

I am under the neceſſity of tranſcribing the whole of this CLEAR paragraph, in order to ſet it fairly before the reader. After having taken the diſcovery in queſtion from Mr. Hewſon, and given it to Paré and Van Swieten, the OBSERVER expreſſes himſelf in this place, as if he was ſtill deſirous of having it thought to be his own; for, the laſt impreſſion left upon the reader's mind is to this effect. In what other light can we conſider theſe expreſſions, "my ſentiments "on the ſubject, &c. or even had they "known the thought to be mine?"—To whom then at laſt are we to impute the diſcovery? It is Paré's, it is Van Swieten's, and now it is the OBSERVER's own! I am weary of hunting him through theſe ſlight-of-hand arguments.

What can be the meaning of his ſaying, "if they ſympathized with me in their "wiſhes," and, "for which reaſon I hope "I have not let dropt any thing from my "pen that can appear malevolent or re-"proachful?" What reaſon? Why! there are

two;

two; and curious ones they are: each of them equally unintelligible; the reader may chuſe which he pleaſes. The OBSERVER "hopes that he has not let drop any thing "malevolent from his pen," either becauſe "he cannot blame the gentlemen FROM "having made a publication," previous to him; OR, becauſe "they ſympathize with "him in their wiſhes."

We ſhall next proceed to the OBSERVER's account of lithotomy.

It is ſurprizing that in the detail of this operation, no notice ſhould be taken of an inſtrument, called the cutting gorget, the invention of which is attributed to Mr. Cæſar Hawkins. This inſtrument is now adopted by almoſt every ſurgeon in England, who performs the operation of lithotomy. The facility it has given to Mr. Cheſelden's excellent method, and the great ſucceſs which has attended the uſe of it, ought to have induced the OBSERVER at leaſt to have mentioned it; and to have given good reaſons for eſtabliſhing the ſuperiority of his

own gorget. Let us examine the difference between these two instruments, and endeavour to point out on which side the advantage lies.

"The common gorgeret," we are told, page 243, "if it does not cut on its edge, "and the membranous part of the urethra "only be opened, will probably force off the "prostate gland and neck of the bladder, "from its continuation with the urethra," &c.

This objection from the OBSERVER's own tacit confession in the above paragraph, does not affect the cutting gorget; so that in this particular he does not maintain, that the double gorget has any superiority over that instrument.

Another advantage attributed to the double gorget is, that, "the lower part of the "gorgeret will defend the intestine and ve-"siculæ seminales from being wounded."

Here again the double gorget has no preference to Mr. Hawkins's; for, the cutting gorget being a perpendicular section of a hol-

low cone, the convex part of which in the introduction is turned towards the RECTUM AND VESICULÆ SEMINALES, and the edge obliquely upwards, thoſe parts are equally defended from injury.

Every man who has performed the operation of lithotomy muſt be convinced, that ſome force is neceſſary to introduce even the cutting gorget into the bladder; although its cutting edge is extended as far as the beak. If this difficulty of introduction is conſiderable in the cutting gorget, though but a ſection of a cone, how much muſt it neceſſarily be increaſed with a double gorget, which approaches nearly to a complete cone? The difficulty will be found ſtill greater, when we conſider farther, that the cutting part of the double gorget begins only at ſome diſtance from the extremity; ſo that the apex of the cone formed by the double gorget muſt be puſhed into the bladder about three quarters of an inch before its introduction can be aſſiſted by the cutting edge. In page 244, this circumſtance is

urged in favor of the OBSERVER's gorget; for we are there told: "this preparatory "dilatation is ſtill of greater ſervice, when "the gland is to be divided with the blade "affixed." It will appear however, from the OBSERVER's own principles that this previous dilatation cannot be of any ſervice, but on the contrary may be injurious. For, the objection juſtly raiſed by him againſt the common gorget, and which I have already taken notice of above, ſhews, that the advantage of a cutting edge conſiſts partly in facilitating the paſſage of the inſtrument, and thereby diminiſhing the force neceſſary to be exerted for its introduction. Now, the common gorget is only a ſection of a cone without a cutting edge: the double gorget is almoſt a complete cone, and alſo without a cutting edge; at leaſt at the part which firſt enters the bladder, where the greateſt force muſt be uſed. The very objection therefore made by the OBSERVER againſt the common gorget prevails with double force againſt his own. It is

indeed evident, that an inſtrument of this kind, forcing its way like a wedge through the narrow part of the urethra and neck of the bladder, muſt be very likely to do miſchief even in the hands of the moſt nice and careful operator. But if it ſhould ever be uſed, upon the authority of the OBSERVER, by a man not ſo dextrous, nor ſo well verſed in operation, Heaven have mercy on the patient! Dilatation cannot be neceſſary to prepare the parts for inciſion, though inciſion may be uſeful in facilitating the ſubſequent dilatation of the parts. If dilatation alone is ſufficient, inciſion is unneceſſary. Beſides, the dilatation of the neck of the bladder will be more ſafely done by the fingers after the cutting gorget is introduced, than by an inſtrument, the force of which the operator cannot with any degree of preciſion aſcertain. I was indeed ſurprized to find this double gorget ſo ſtrongly recommended in this work, public report having informed

me,

me, that the OBSERVER had entirely laid aside the use of it.

This subject has conducted me nearly to the end of the OBSERVER's second volume, and here I shall close my notes. They are few, and are far indeed from including every thing that is reprehensible in this work. Yet, in saying this, I must not be understood to pass censure indiscriminately upon the whole. There are parts of it which may be read, not only with safety, but improvement.

In the first volume fontanels made by incision on the additamentum of the temporal future are recommended. The practice is illustrated by a very curious instance. It is founded on anatomical knowledge and observation, and deserves to be attended to.

The remarks on fractures, in the second volume, are many of them useful; and though they may not all perhaps have the merit of novelty, yet most of them relate to points, not sufficiently dwelt upon by other writers.

The cautions and directions concerning fractures of the fibula, are particularly interesting, and have never, as I believe, been given in any preceding publication. Those, indeed, on the fractured rib, with empyema, we have already seen in the course of these notes, had better been omitted.

But the part of the OBSERVER's work, which may be most serviceable to young people, is the last chapter of the second volume, on the diseases of the urethra. Amongst a variety of negligences and improprieties of stile, it contains much useful matter, illustrating the reasons for the application of bougies, and giving judicious directions concerning the proper method of using them.

On this occasion, the rebuke given to the bridegroom by the governor of the feast, may be well adapted to the OBSERVER. "Every man at the beginning doth set forth "good wine; and when men have well "drunk, then that which is worse: but "thou hast kept the good wine until now."

APPENDIX.

APPENDIX

To Doctor Lawrence.

Αυταρ ὁ αυτις ἰων παις ὡς ὑπο μητερα δυσκεν
Εις Αϊδην· ὁ δε μιν σαχει πρυπιασκε φαεινω.

Hom. Il. θ.

SIR,

If you ſhould be ſurprized at this addreſs, you will probably be more ſo, when you are told, that it is, in the language of the times, not only an addreſs, but a remonſtrance. As a principle of public juſtice obliged me to the former part of this work, a motive of private compaſſion engages me to this laſt.

Your name, Sir, which ſtands in the front of the obſervations, the approbation

we are informed you have expreſſed of them, and the defiance, Mr. William Bromfield hath, under the ſanction of that approbation, bidden to the cavils of criticiſm, neceſſarily, derive to you, a ſhare of the praiſe or blame, which is beſtowed on a work ſo immediately placed under your protection: more particularly as you have had the ſingular honor of being choſen the patron of a book, deſigned for the hands of majeſty.

I do not mean by this, Sir, to make you in any reſpect anſwerable for the enormities complained of in the preceding notes; they ariſe on articles which I conſider as merely profeſſional, and muſt therefore reſt on the author's head. His offences againſt language, grammar, and common ſenſe, are all I have to expoſtulate with you upon.

"Fieri poteſt", ſays your old friend Tully, "ut recte quis ſentiat, et id quod "ſentit, polite eloqui non poſſit: ſed man-"dare quemquam literis cogitationes ſuas, "qui eas nec diſponere nec illuſtrare poſſit, "nec delectatione aliqua allicere lectorem;

"hominis

"hominis eſt intemperanter abutentis et
"otio, et literis. Itaque ſuos libros ipſi
"legunt cum ſuis, nec quiſquam adtingit,
"præter eos, qui eandem licentiam ſcriben-
"di ſibi permitti volunt."*

Had you, Sir, been one of the claſs here deſcribed, I ſhould not have had any difference to maintain with you. But, as no man can feel more ſenſibly than yourſelf, not only every deviation from propriety in ſtile, but every deficiency in point of elegance, one ſhould have imagined, you would at leaſt have taken care to purge of its groſſer and more obvious irregularities, a work, which made its public appearance under your auſpices. Why you have not done this, is not my province to determine; that it has not been done, a few ſpecimens will be ſufficient to ſhew.

In the courſe of my notes I have had occaſion to remark your DEDICATOR's general deſultory manner of writing; his announcing of one ſubject, quitting that for

* Tuſc. Diſput.

another, catching up ſeveral more in his way, and then returning as ſuddenly and as unexpectedly to the firſt. This volatile diſpoſition manifeſts itſelf as much in his ſentences as in his ſubjects. He ſhall begin with two or three words, leave them in the lurch, throw in a dozen or two of clauſes thoroughly mixed and jumbled together, and at laſt without connexion or reference, conclude his period, with what we looked for in vain at the beginning of the paragraph. That I may not be ſuppoſed to talk at random, I ſhall appeal to the 76th page of the firſt volume, for an inſtance of this ſpecies of writing.

"THE MAN, who offers to the public a "ſpecific for this diſorder, and obtains pa- "rochial teſtimonies of its virtues, and let- "ters to himſelf of the moſt ſurprizing "cures effected after the regulars had tried "their utmoſt abilities ineffectually, can pen "an advertiſement, and introduce the ſymp- "toms of almoſt every other diſorder, affert- "ing, that they are equivocal, and properly

"belong

"belong to the ſcorbutic claſs; and, by his "bold aſſertions, perſuades an invalid, who "feels many of the complaints enumerated "in the advertiſement, that he may certainly "be cured, though the medicine, whoſe "efficacy in theſe caſes is ſet forth as cer-"tain, is probably taken out of ſome old "Pharmacopœia and diſguiſed, OUGHT "NOT TO BE CENSURED AS A FOOL, OR "HIS OWN ENEMY."

I remember an oyſter-woman, under favor be it ſpoken, of much the ſame kind of turn. I was going once to ſpend the evening with ſeveral friends, when I met this woman at the door of the tavern. As ſhe paſſed me ſhe roared out TON OYSTERS. Struck with the ſingularity, as well as the noiſe of this cry, I hurried into the room where my friends were, and ſeeing oyſters on the table, inquired if thoſe were the ſame I had juſt heard called TON OYSTERS. This produced a general laugh; after which one of the company informed me that the ſingularity was in the woman, not in the

oyſters,

oyſter; which were no other than plain Milton. It ſeems when ſhe was called in ſhe happened to have got juſt as far as FINE MIL---- and though ſhe was detained there during a parentheſis of little leſs than an hour, ſhe took up her cry again on going out, exactly where ſhe had left it, and concluded with---TON OYSTERS.

The aptneſs and elegance of your DEDICATOR's phraſes, is not leſs to be admired, than the order and perſpicuity of his ſentences. Sometimes he ennobles his ſubject with ſuch lofty and majeſtic expreſſions, that one would almoſt take him for a ſecond Bayes, he does ſo ELEVATE and SURPRIZE! and then he comes SLAP upon us, with ſomething ſo plain, ſo natural, and at the ſame time, ſo pointed, that Bayes himſelf almoſt appears a novice to him.

In page 76 of the ſecond volume we have this paſſage. "I dare ſay many ſurgeons "have ſeen a lameneſs of the ſhoulder from "almoſt a ſimilar cauſe, that is, the tendon "of the biceps muſcle, which runs in the "excavated

" excavated groove at the head of the os " brachii, having by ſome turn of the limb, " ſlipped out of the ſulcus, and reſting on " one of the little exuberances of the upper " part of the channel." An EXCAVATED GROOVE is certainly a moſt magnificent expreſſion, and one your DEDICATOR ſeems particularly delighted with, for it is uſed ſeveral times in his work, probably by way of diſtinguiſhing this kind of GROOVES from ſuch as are not EXCAVATED. THE LITTLE EXUBERANCES OF THE UPPER PART OF THE CHANNEL, is another flight above the reach of ſimple common ſenſe. Theſe ſublime phraſes, would ſuffer too much by being tranſlated into Engliſh. I ſhall not therefore need an apology, even to you, Sir, for not attempting it.

As an agreeable contraſt, I ſhall now preſent you with the following reflection, from page 169 of the firſt volume: " Some of our brethren are, like Scrub

" in

"in the Stratagem, very fond of the laſt "new flouriſh of the razor."

How ſimple, how unaffected is this alluſion! How happily does it revive the memory of our antient connections! And, the application of it you yourſelf muſt agree with me, is beyond example juſt and preciſe. A common reader might expect that it was intended as a rebuke to ſome "young raſh practitioners," who are fond of newly-invented operations, and are for amputating and extirpating without reflection and without mercy. No ſuch matter, Sir. This LAST NEW FLOURISH OF THE RAZOR, you will find, is a contrivance not for ſhedding blood, but for ſtopping it. It is a compreſs "placed on the ſpermatic "chord, as" [where] "it paſſes over the "bone in the groin." to prevent the hæmorrhage after caſtration.

If any body three months ago, Sir, had told you that there was an exact reſemblance between a ſharp-cutting inſtrument and a

 compreſs,

compreſs, you would probably have anſwered, that you knew no two things more unlike. You ſee, Sir, what unexpected diſcoveries are made in a ſhort time, and how much wiſe men may be miſtaken.

There is another paſſage immediately preceding in the ſame page, that I cannot avoid taking notice of. Your DEDICATOR, having aſſigned his reaſon for not approving this method of the compreſs, ſays, "poſſi-"bly this objection may have more weight, "if I ſay more than one have died, by "making the trial, according to the recom-"mendations of thoſe, who have ſeen it "practiſed abroad." From the conſtruction of this ſentence, it is evident, that either the patients are the perſons who make the trial, (or in other words operate upon themſelves) or the ſurgeons, are the perſons who die by the trial; and not only ſo, but they are ſo complaiſant as to die according to the recommendations of thoſe who have ſeen it practiſed abroad.

This puts me in mind of a paragraph I met with ſome time ſince in one of our news papers, acquainting us that on ſuch a day, 'Mr. Bromfeild had the honor to 'preſent to his Majeſty, his two volumes 'of chirurgical obſervations, which were 'moſt graciouſly received, and had the ho-'nor to kiſs his Majeſty's hand.' The circumſtance of making the books kiſs hands inſtead of the author, is ſo like, that one would almoſt ſwear it came from the ſame pen. But let us take our leave of the accuracy, and return to the elegance of his ſtile.

The engliſh language, Sir, in the ſtate in which we have received it from our anceſtors, is found too imperfect for your DEDICATOR'S uſe; for which reaſon, he introduces into it various kinds of improvements. I dare ſay, Sir, you never heard of the word IMBANDING, before Mr. William Bromfeild, thought fit to enrich our language with it. In him you

may read of IMBANDING ligaments; of the IMBANDING 'fascia of the muscles 'of the arm,' and of an "IMBANDING 'membrane,' which I must beg the favor of you as an anatomist to explain to me. It is called 'the IMBANDING membrane of 'the muscles of the scalp.' See page 109. vol. I.

The liberty taken with the words, sensible, insensible, sensibility, insensibility, is another remarkable innovation. These your DEDICATOR chuses to write, SENSILE, INSENSILE, SENSILITY, INSENSILITY. And, so jealous is he of this improvement, that in one instance where the printer had been so unpardonably negligent as to leave the old word, INSENSIBILITY, standing in the text; he has taken care to have it inserted in the Errata, with a positive mandate, page 22 line 6, 'READ INSENSILITY.' Here, Sir, (to apply his own quotation with a little more propriety) is indeed "a new flourish of the "razor," and he does seem to be very fond

of it. It muſt be owned that the B before the L, produces a diſagreeable ſound: but, if every word that has this inconvenience, is to undergo the ſame operation, it will produce a very conſiderable change, and I fancy no ſmall confuſion in our language. TABLE will be refined into TAAE, ABLE into ALE, FRIABLE will be FRIALE, PERSPIRABLE, PERSPIRALE; and DISTENDIBLE, (a word of your DEDICATOR's own coining, and which, out of modeſty, I preſume, appears but once in the courſe of this work) will, when it comes to be a little more eſtabliſhed, be converted into DISTENDILE.

Indeed, Sir, I am much afraid, your DEDICATOR has been ſeduced into this Tramontane taſte, by the ſoft inſinuations of his Italian friends. It would be kind in you to put him in mind, that Engliſhmen, are not ſo fond of getting rid of every thing that hangs in their way; and though it may be ſomewhat unwieldy and cumberſome,

ſome, it is not their cuſtom to cut it off, for the convenience of being without it.

I am aware, that SENSILIS, and INSENSILIS, are Latin words of good authority, but SENSILITAS, and INSENSILITAS occur no where; and even if they did, it would not be ſufficient to juſtify an arbitrary importation of them into our language. Foreign words, as well as foreign perſons, muſt undergo the regular forms of naturalization, and muſt not be adopted AD LIBITUM, to ſerve the intereſt or caprice of individuals.

Your DEDICATOR thinks otherwiſe. Nothing is more common with him than to employ foreign words without the leaſt temptation or authority. He has not even the excuſe, which our people of faſhion have for uſing foreign manufactures.

LONGATS, LONGUETS, and LONGATES, (for I find the word ſpelt theſe three ways by your DEDICATOR) is French [LONGUETTES] and frequently occurs in the obſervations, though we have to the full as good a word of our own, which is, SLIPS.

Inſtead

Inſtead of the Engliſh word GORGET, your DEDICATOR affects continually to write the french word, GORGERET.

He is at leaſt equally fond of the Latin. The "SULCUS of a ſtaff; the ALÆ VESPERTI-"LIONIS derived from the peritoneum, "and ſent to the bladder," the "tendinous "FASCICULI of fibres;" the "COLUMNÆ "LIGAMENTOSÆ" and "ligamentous CO-"LUMNÆ" in the body of the penis; the "CERVIX VESICÆ" the "SITUS NATU-RALIS;" the "FOVEÆ" which in ſome places are improved into "excavated "FOVEÆ;" are the common embelliſh-ments of your DEDICATOR's page. The ſame taſte ſeems to have induced him to call the high operation for the ſtone, "in "juſtice to the contriver, METHODUS "FRANCONICA."

There is, I own, ſome allowance to be made to the faculty in this reſpect. We are in poſſeſſion of a kind of privilege, to ſpeak in Latin, even though we might expreſs

expreſs ourſelves as well, prehaps better, in Engliſh; and therefore it may be that the 'FOVEÆ, the FASCICULI, the FERULÆ or 'ῥαφαναι, as Hippocrates calls them', &c. &c. ought to eſcape animadverſion, at leaſt from one who profeſſes to be a member of the ſame body. But, what apology ſhall we make for your DEDICATOR if he is found putting off words as latin, which have a very doubtful, if any exiſtence in the language. Such are, FORAMINULÆ, LOBULI, PORTIUNCULI, LAMINATIM.

The two firſt are frequently introduced, but none of them, I believe, are to be found in any claſſical writer or dictionary of authority. And, what purpoſe do they anſwer? FORAMINULÆ, after all are nothing but SMALL HOLES; LOBULI, are little LOBES; PORTIUNCULI, which by the bye ought to be written PORTIUNCULÆ are SMALL PORTIONS, and LAMINATIM, is BY LAYERS.

Theſe, Sir, are the few ſpecimens I propoſed to lay before you. You will have no

trouble

trouble, except from the nice feelings of friendſhip, in collecting the remainder from the volumes themſelves.

Such are the two volumes of chirurgical obſervations and caſes, written by Mr. William Bromfeild, Surgeon to her Majeſty and to St. George's Hoſpital, dedicated to Dr. Lawrence, Preſident of the royal college of Phyſicians, &c. and preſented to the King on the 18th day of December, 1772.

I am,

Sir,

with great reſpect,

your moſt obedient

and very humble ſervant,

[redacted] D. A. S.

10th February, 1773.